STATE OF MICHIGAN

STATEMENT OF SERVICES

FILE	NO.		

JUDICIAL CIRCUIT	- FAMILY DIVISION COUNTY	PERFORMED F FAMILY INDEPEND 7 DAY			
In the matter of adop	tee	1		DOB:	
to be paid to the child	ng itemizes the se I placing agency o	rvices performed and any t	pendence Agency for	other thing of value received by or agreed, or incidental to, the adoption of the child. write "NONE" in the fee column.)	
Date Service Perfor			d Fee, Compensation, or Other Value		
SUBTOTAL from 7 [Day Statement of S	Services Performed by Ag	ency		
		, ,	TOTAL		
		Family Independence Ag MSA 27.3178(555.54)(2).		ed or received any compensation for the	
				and have authority to make this statement. e best of my information, knowledge, and	
Date			Signature of child placing agency/FIA representative		
			Name (print or type)		
			Name of agency (print or ty	ype)	
NOTE: Attach this statement to Form PCA 347, "Petitioner's Verified Accounting"			Address		
			City, state, zip	Telephone no.	

Do not write below this line - For court use only